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ABSTRACT

This digest summarizes basic information on substance abuse prevention and intervention for students with disabilities. It identifies risks associated with specific disabilities including mental retardation/developmental disability, emotional disturbance (at highest risk for substance abuse), attention deficit hyperactivity disorder, blindness, and deafness. The digest points out that as many as 50% of spinal cord injuries and traumatic brain injuries occur as a direct result of alcohol or drug abuse. Guidelines for prevention efforts include more comprehensive research-based school programs, community and family involvement, training for special education teachers and counselors in substance abuse education for this population, and increased advocacy efforts for appropriate prevention and treatment options. (Contains 10 references.) (DB)

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By

Kathryn McCombs and Dennis Moore

August 2002 EDO-EC-05

ERIC Clearinghouse on Disabilities and Gifted Education

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Substance Abuse Prevention and Intervention for Students with Disabilities: A Call to Educators

Kathryn McCombs and Dennis Moore

Youth with disabilities experience a substantially higher substance abuse risk than their nondisabled peers. In addition to the same risk factors for substance abuse—e.g., peer pressure, media enticements, and stress—as their counterparts in regular education, they also face many disability-specific factors for substance abuse, such as prescribed medications, chronic medical problems, social isolation, co-existing behavioral problems, and disenfranchisement. While educating youth with disabilities in inclusive settings exposes them to positive learning opportunities in the classroom, they also have more exposure to peer pressure for substance use, and at earlier ages. On the other hand, children in contained special education classrooms often have less socialization practice or skills, and may use substances in order to feel accepted by their peers. Compared with adolescents who have never been in classes for learning problems, a significantly greater proportion of students who have been in special education classes live in single-parent and nontraditional households, have a family member with an alcohol or other drug problem, have witnessed or experienced physical abuse, and report a history of sexual abuse and poor emotional health (Borowsky & Resnick, 1998). All of these contribute to identified risk factors for substance abuse, yet in a recent survey, more than half of special education teachers reported that they conduct prevention activities once a year or less; only 15% conducted such activities at least once a week (Morgan, Genaux, & Likins, 1994).

Risks Associated with Specific Disabilities

A substantial proportion of students in special education have learning disabilities (LD), mild to moderate mental retardation or developmental disability (MR/DD), or emotional disturbance (ED). These conditions are examples of hidden disabilities: disabilities that are not readily recognized by someone seeing or greeting the person who has them. Nationwide, in the 2000-2001 school year, nearly three-fourths of students in special education had hidden disabilities that compounded their potential risks in specific ways discussed below (Office of Special Education Programs, 2001). If a child is going to be successful academically, teachers must adapt lessons to meet that child's specific learning needs. If students with disabilities are going to successfully address alcohol and other drug concerns, those lessons must be adapted as well.

Research indicates that people with MR/DD, 11% of the special education population nationwide in 2000-2001, use alcohol and other drugs at rates less than or similar to the general population (Westermeyer, Kemp & Nugent, 1996). Because judgment and other social skills tend to require more concentration for MR/DD students, the same amount of alcohol can impact cognitive and motor skills more severely. Other significant risks faced by youth with MR/DD include communication barriers, increased family stress, enabling behaviors of family and friends, use of therapeutic medications which may themselves be addictive, and secondary complications from combining therapeutic medications with illicit drugs or alcohol. Nonetheless, controlled research dealing with the origin and prevention of drug abuse among people with MR is essentially nonexistent, but badly needed (Christian, & Poling, 1997).

Special education students with emotional disturbance (ED), who in 2001 comprised 8% of the special education population nationwide, frequently have one or more additional disabilities. Speculated to be the highest risk group of all students in school, these students are put at an inordinate risk for violence and substance abuse by stressful family situations and unsuccessful school experiences. The increased risks appear to be related to the inability to develop healthy peer and family relationships, social isolation, oppositional-defiant behavior, use of therapeutic psychotropic medications, and social and communication barriers.

About half the students diagnosed with attention-deficit/hyperactivity disorder (ADHD) receive special education services as a result of other learning disabilities (Substance Abuse and Mental Health Services Administration, 1998). People with this condition often experience a variety of coexisting problems including anxiety and depression, low self-esteem, obsessive-compulsive behaviors and chemical addictions (Hallowell & Ratey, 1995). With or without hyperactivity, attention deficit disorder does not disappear after the onset of puberty, and it can lead to social and scholastic failure. It often results in increased risk of substance abuse, as well as trauma, conduct and affective disorders during adolescence and marital disharmony, family dysfunction, divorce and incarceration in adulthood. Additionally, prescribed medications may be a risk factor for some forms of subsequent alcohol and other drug abuse.

Low incidence disabilities (e.g. blindness, deafness, or orthopedic disability) account for less than 5% of students in special education. Most of these students face disability-specific risk factors. For example, increased risk for alcohol and other drug abuse problems among people who are blind or visually impaired has been associated with isolation, excess free time, and underemployment (Nelipovich & Buss, 1991). Youth with visual impairments may face fewer consequences from alcohol and other drug abuse due to the enabling of others, social isolation, and constraints imposed by the disability. Other research has found that

people with severe hearing loss or deafness do not have ready access to appropriate alcohol and other drug information. When problems do exist, treatment professionals lack the training required to meet the needs of these clients (Guthman, 1995). Alcohol and other drug abuse prevention materials do not take into account the cultural, language, or communication differences faced by people who are hearing impaired. There is also concern that people who are deaf more vigorously attempt to avoid social stigma associated with an alcohol or other drug abuse label, thereby making detection of problem use more difficult.

Disabilities with traumatic origin are strongly associated with substance abuse. Specifically, as many as 50% of spinal cord injuries (SCI) and traumatic brain injuries (TBI) occur as a direct result of alcohol or drug abuse (Corrigan, Rust, & Lamb-Hart, 1995). Many people with SCI or TBI continue to be at risk for substance abuse problems post-injury. Some people with mobility limitations are required to take several medications for health management, which greatly increases the risk for complications arising from alcohol or other drug misuse. For example, many brain-injured individuals take medications to prevent seizures. There are serious contraindications for use, even in small quantities, of alcohol or non-prescribed drugs for people using anti-seizure medication.

Prevention

Substance abuse prevention efforts have improved greatly during the past decade. Schools are attempting more comprehensive, research-based strategies; community and family involvement are being identified as required ingredients for successful programming. Unfortunately, youth with disabilities have been largely neglected in this process. Drug-free school coordinators and substance abuse counselors rarely have the necessary training to adapt traditional prevention messages for special education students. Special education teachers seldom have the necessary training in substance abuse to conduct prevention activities or to identify risk factors or signs of abuse. Consequently, very few, if any, school or social service personnel are prepared to intervene or educate disabled students relative to substance abuse. Special education teachers and drug-free school coordinators need to work together to ensure that programs reach all students.

The need to advocate for appropriate prevention and treatment options for students with disabilities is clear. Our children in special education are no longer "sheltered" from the rest of the world in contained classes and separate schools. The need for specific prevention education training and materials for teachers and other adults is equally clear. Seeking out training and expertise that help adults learn how they respond to those with disabilities and that assists in the development of appropriate materials is an essential step to improving substance abuse prevention and intervention for students with disabilities. By adapting and modifying activities, all those who care about and work with young people with disabilities can address the particular learning style(s) of the child to make prevention messages more relevant and interventions more effective. If we clearly understand the nature of the disability and our individual reaction to it, and know where to find appropriate materials and how to adapt them, we can ensure that all our youth receive the information and support they need and deserve.

Resources

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The preceding information was drawn from works written by the staff of the Substance Abuse Resources and Disability Issues (SARDI) Program. SARDI is affiliated with the Center for Interventions, Treatment and Addictions Research (CITAR), located in the School of Medicine at Wright State University, Dayton, Ohio. Further information and special education curricula are available at ***http://www.med.wright.edu/citar/sardi/***

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